

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-3684.M4**

The Medical Review Division's Findings and Decision of December 18, 2003, was issued in error and subsequently withdrawn by the Medical Review Division. The Original Findings and Decision, Appeal Letter and Withdrawal Notice are reflected in Exhibit 1.

This Amended Findings and Decision supercedes all previous decisions rendered in this matter.

The Medical Review Division rendered a Findings and Decision involving a Medical payment dispute. A decision was issued in favor of the Respondent.

The Findings and Decision incorrectly quoted DME Ground Rules in the non-reimbursement of DME supplies, resulting in the issuance of this Notice of Withdrawal.

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/27/03.

**I. DISPUTE**

Whether there should be additional reimbursement for DME for the dates of service 09/03/02, 10/03/03 and 12/23/02.

**II. RATIONALE**

The requestor billed \$3,563.00 for DME E1399 and A4556; the respondent reimbursed \$1,285.00 leaving a balance of \$2,263.00.

The requestor submitted an EOB with the denial code of "M-Reduced to fair and reasonable." Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor submitted documentation that indicates that their charges were fair and reasonable in the form of redacted EOBs from other carriers. Also, the requestor submitted a preauthorization form dated 12/19/02 approving an IF-4000 Interferential Stimulator which is different than a neuromuscular stimulator. Therefore based on this information submitted by the requestor, additional reimbursement is recommend for the dates of service in dispute listed above.

**III. AMENDED DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to additional reimbursement for DME codes E1399 and A4556 in the amount of **\$2,263.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019

the Division hereby ORDERS the Respondent to remit **\$2,263.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Amended Decision and Order is hereby issued this 26<sup>th</sup> day of January 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

MB/mb